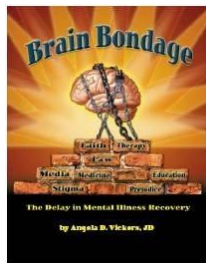


Teaching Our Nation the Truth

About Mental Wellness and Suicide Prevention

By
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2007 FL Suicide Prevention Symposium
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Brain Bondage

The Delay in Mental Illness
Recovery
[and Suicide Prevention]

By
Angela D. Vickers, JD, RPS, MT

6 Key Professions Delay Suicide Prevention

- Affect our attitudes about mental illnesses
- Affect our understanding of early symptoms
- Affect our access to proper diagnosis
- Affect our access to proper treatment
- Affect discrimination and injustice toward those with mental problems [job loss/custody/ridicule]

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Key professions affecting suicides

- Media
- Faith community
- Medical professionals
- Non-medical mental health professionals
- Legal professionals
- Educators

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Delays in proper treatment

- Myths and misinformation
- Shame and fear of a diagnosis
[Appellate court attorney]
- Delayed recognition and delayed diagnosis
- Denial, refusing help, quitting treatment
- Delayed access to treatment
- Improper, ineffective treatment

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Media

- Control what we see and do not see
- How we feel about news – good or bad
- Mental illness portrayed as violent, dangerous
- One-sided view, not typical consumer
- Entertainment media *[ridicule/horror/Jason]*
- Educational stories are not widespread & are less frequent than negative stories
- Doubt consumers and families' comments
- "Cuckoo's nest" on Folio Weekly cover
- *Suggest: factual block about DX with each article*

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- ### Faith Community
- Not trained in seminaries or college
 - Preach responsibility for your actions & feelings
 - Negative attitudes & behaviors called "sin"
 - May discourage use of RX & doctors
 - View psychosis as demonic possession [JD's email]
 - View genetics as "generational curses"
 - Shame, blame, seen as sinners [assume the person's fault, if homeless or addicted]
 - Suggest: Peer support group in every congregation

Email from Disability Judge

"The church has a much greater record in dealing with these problems than drugs and psychiatry. It is not fashionable to talk about evil spirits, but that is what we are talking about. Jesus cast the evil spirits out of the demoniac, the man possessed of evil spirits, and cast them into a herd of pigs, which then went over a cliff. This is still happening today. Many folks in my church have healing ministries that involving the healing of mental illness by casting out devils. They have a great track record. Merry Christmas and God bless you in 2005."

Medical Professionals

- Most do not screen patients for common MI
- Not reimbursed [\$\$\$\$] for diagnosing MI
- Not educated re MI updates
- 90% of brain science learned in the last 15 yrs.
- Most not skilled in psychiatric RX
- Many prejudiced against patients with MI/SA issues
- *Suggest: Clipboard screening in waiting rooms*

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Non-medical MH Providers

- Not trained in medical model of MI & SA [liberal arts]
- View as character, environment, & choice
- Many therapies now known to be ineffective or harmful [Ex: repeating traumatic events]
- Many SA providers lack adequate MI training [Certification – only one question on exam]
- Many MH providers lack adequate SA training
- Harmful delay in proper treatment increases risk of suicide, addiction, & arrests
- Delay in treatment worsens medical prognosis
- *Suggest: Updated training in evidence-based practices*

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Legal Professionals

- Judges and lawyers not trained about MI
- Most share general misinformation & bias
- Clients with MI have credibility doubted
- Presumptions of unfitness – work/custody
- Access to psychiatric evaluation & treatment, admissibility of evidence, jury instructions & many areas adversely affected
- Civil rights violations/ Severe discrimination
- Over 3.2 million Floridians– 20% of population

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Legal Community cont'd.

- Link to clients in criminal justice, juvenile justice, family law, disability, labor, insurance, health law, education law, & bankruptcy law
[Attorney: "lock them all up"...."sterilize them"]
- 1/3 of Florida Bar budget \$30 million spent on attorney discipline [most SA & MH related]
- No FL Bar committee or staff addressing MIA
- *Suggest: Mandatory MIA course with a test*
- *Add to law school curriculum & bar exam*

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Educators

- Teachers are not trained to recognize MI & do not help students or parents understand it
- Teachers and parents often punish children for symptoms
- Dropout rate among disabled students highest among MI students
- 75% of kids in juvenile justice have a MI diagnosis
- *Suggest: K-12 education in mental illness truths will end stigma & promote wellness*

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Why Educate?

- Suicides are 3rd leading cause of death in teens
- Every year 30,000 Americans die by suicides
- Grieving family members may harbor the genetics of suicide [depression or bipolar]
- Suicides are caused by mental illnesses 95% of the time
- Delay in proper MI treatment harms the brain & reduces the chances of recovery & productivity

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Education is key

- Education is the key to mental illness recovery
- Education helps parents & children seek early and proper care
- Only the child knows if he or she is experiencing major symptoms of brain illness:
 - Sleep disturbance,
 - Feeling angry
 - Hearing or seeing things
 - Constant worries or fears
 - Internally counting or repeating [OCD symptoms]
 - Wanting to hurt himself or to hurt others

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Symptoms accepted as normal

Proper treatment reduces major youth problems often caused by untreated mental illnesses:

- Student absenteeism,
- Truancy,
- Aggression & Bullying,
- Behaviors that are ridiculed [like repetitive hand-washing or phobias like reading aloud]
- Apathy, &/or
- Academic failure

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Untreated Mental Problems

- Lead to addiction in 50% of those not receiving proper treatment
- Addiction and bad judgment of mental illness symptoms can lead to unprotected sex, teen pregnancy, HIV / AIDS, incarceration, etc.
- Symptoms of aggression can lead to expulsions and juvenile justice involvement
- Highest dropout rate among disabled students is among those with mental problems

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Economic Impact - BUSINESSES

- World Health Organization – MI highest economic burden of all medical problems
- **\$49 billion** lost to **depression** annually in US
- ¼ medical cost, ¼ absenteeism, ¼ loss of productivity, & ¼ **mortality losses [suicides]**
- Failed suicide attempts are very costly
[teen survived jump from car & bridge]

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Worsening symptoms

- 80% of those with MI **can recover** & live productive lives when early & proper treatment is provided *[must educate]*
- [Think ENRON \$\$\$\$ scenario]
- Currently a huge industry built around chronic & severe MI :
Treatment \$\$\$, CJ, JJ, medications, legal fees, divorces, custody battles, adoptions, foster care, DUI's, addiction treatment, homeless shelters, etc., etc. *[family law CLE story]*

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Discrimination delays recovery

- Negligible amount spent on **EDU & prevention**
- Stigmatized by friends, families, and public
- Labeled "sinner" or "crazy"
- Employment issues *[PMS Corp & CLE 15 EE]*
- Licensing issues *[New lawyer course comments – "Won't be able to practice law"]*
- Restricted medical insurance / life insurance
- Loss of credibility and equality
- Presumptions of unfitness

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Role of psychiatrist

- Physician specializing in brain illnesses
- Diagnoses mental illnesses
- Prescribes and monitors medications [RX]
- Educates patients of symptoms & side effects
- Monitors for symptoms & adjusts RX, as needed
- Informs patients of the need & importance of treatment [prevent suicide & substance abuse]
- Co-ordinates with other physicians [recognizes RX interactions; affect on kidneys, liver, heart, diet]

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Common, Treatable Mental Illnesses

- Depression
- Bipolar disorder –
also called manic-depression
- Schizophrenia
- Anxiety disorders
- Obsessive-compulsive disorder

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Depression

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite [gain or lose weight]
- Significant changes in sleep patterns [too much or too little]
- Irritability, anger, worry, agitation, anxiety
- Pessimism, apathy
- Loss of energy, persistent lethargy
- Feelings of guilt, worthlessness
- Inability to take pleasure in former interests
- Social withdrawal
- Unexplained aches and pains
- Recurring thoughts of death or suicide

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Depression facts

- Experiencing four or more symptoms for over two weeks warrants an evaluation
- 80-90% can recover with early DX and proper treatment
- 1 in 5 women; 1 in 15 men
- Abraham Lincoln, Barbara Bush, Beethoven, Georgia O'Keefe, Rosalyn Carter, Roseanne Barr
- 2/3 of those with depression do not get help
- Untreated leads to substance abuse as self-medication
- **95% of suicides are caused by depression or bipolar**
- 15% of those not properly treated kill themselves

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Child/adolescent = If one or more of these signs of depression persist, parents should seek help:

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- **Increased irritability, anger, or hostility**
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches

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- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior
- A child who used to play often with friends may now spend most of the time alone and without interests.
- Things that were once fun now bring little joy to the depressed child.
- Talk about suicide/increased risk of suicide
- Abuse alcohol or other drugs as a way to feel better

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Bipolar disorder

- Roller-coaster of moods and energy; ups & downs
- Episodes of Depression symptoms – typical sad, low energy, or **angry/irritable depression**
- Alternate with episodes of Manic symptoms – abnormally elevated, euphoric, or excessively irritable mood; exaggerated optimism and self-confidence, decreased need for sleep without fatigue, grandiose delusions, inflated sense of self-importance, **aggressive behavior**, increased physical & mental activity, racing speech, flight of ideas, **impulsiveness**, **poor judgment**, easily distracted, **reckless behaviors** [spending sprees, erratic driving, and sexual indiscretions; hallucinations in the most severe case]

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Bipolar facts

- Anyone with 4 or more symptoms of the bipolar list lasting longer than 2 weeks should seek medical help.
- Men & women are equally affected
- Between 1 and 2 % of the population
- Increased energy, confidence, and creativity remains with medication
- CEO disease in Canada – Ted Turner, Patty Duke, Winston Churchill – [*“All those A’s.”*]

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Bipolar in Teens

- American Academy of Child & Adolescent Psychiatry [AACAP] Fact Sheet #38
- Mania – either unusually happy or silly, or very irritable, angry, agitated, or aggressive
- Can feel manic, depressed, or both extremes at the same time
- Repeated high risk-taking behaviors [alcohol, abusing drugs, fast driving, sexual promiscuity]

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Schizophrenia

- Voices, visions, psychosis, & paranoia [*media/CJ*]
- The most severe, complex, & debilitating MI
- Onsets suddenly between ages 16 and 24
- Hallucinations – hearing, seeing, or feeling things
- Delusions – false beliefs [persecution, grandeur]
- Inappropriate expressions, responses- laughter, facial expression do not match words or situation
- Flat affect – monotone, no facial expression, stare
- Disordered thinking – distracted & jumping thoughts

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Schizophrenia facts

- One in 100 people [1% of population]
- Many often think, feel, & act normally
- Stress increases likelihood of symptoms
- 60% can, with RX, lead productive lives
- Early DX, proper & faithful RX - key to wellness
- Symptoms interfere with RX [paranoia, delusions, hallucination, isolation make fearful of RX]
- Many end up victims, abused, incarcerated, &/or homeless – [*“How we treat a 4 year old.”*]

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Schizophrenia in Children

- AACAP Fact sheet # 49
- Odd, eccentric behaviors or speech
- Seeing things & hearing voices [hallucinations]
- Unusual, bizarre thoughts [paranoia, confused thinking, ex: confuse TV & dreams with reality]
- Extreme moodiness / extreme anxiety
- Isolating, withdrawal, few friends / behaving like a younger child
- Decline in personal hygiene [*Grunge style?*]

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Anxiety Disorders

- Groups of illnesses that interfere with daily lives [GAD, Panic Disorder, Phobias, PTSD]
- Willpower will not prevent the anxious, unsettled feelings, with no apparent cause
- Often occurs with depression, other mental illnesses, other anxieties, & substance abuse
- 80% helped by RX, cognitive-behavioral therapy, or a combination

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The Anxious Child

- AACAP Fact sheet # 47
- Severe anxiety= many worries about things before they happen
- Constant worries, concern about school performance, friends, sports
- Repetitive thoughts or actions [obsessions]
- Fear of embarrassment or making mistakes
- Low self esteem/ fear of parent's safety/ refuse to go to school/ extreme worry about sleeping away from home/ panic or tantrums/ overly clingy/ nightmares & trouble sleeping

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Generalized Anxiety Disorder

- Without TX, chronic and exaggerated worry & tension, without provocation
- Always anticipating disaster
- Excessive worry re \$, health, family, work
- Vague, unexplainable sense of doom
- Inability to relax / trouble falling or staying asleep/ startle easily
- Fatigue, trembling, twitching, sweating, hot flashes, out of breath, nauseated, frequent urination, muscle tension, headaches, lump in throat

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GAD facts

- Mild to severe symptoms
- Many with anxiety also have depression
- Appears gradually in childhood or adolescence
- Runs in families
- DX requires 6 months of worry about a number of daily problems
- "What if..?", fearful, "I can't..."

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Panic Disorder

- Pounding heart / chest pains / lightheadedness or dizziness / nausea of stomach problems / flushes or chills / shortness of breath or a feeling of smothering or choking / tingling or numbness / shaking or trembling / feelings of unreality / terror / a feeling of being out of control or going crazy / fear of dying / sweating

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Panic Disorder in Child & Teen

- AACAP Fact sheet #50
- Common, treatable panic attacks [unexpected and repeated periods of intense discomfort]
- Last minutes to hours [*child run off stage*]
- Intense fearfulness [feel like terrible happening]
- Racing & pounding heartbeat / Dizziness, lightheadedness/ shortness of breath or feeling smothered/ trembling or shaking/ sense of unreality
- Fear of dying, losing control, or losing your mind
- Begins as teen or child/ avoidance/ agoraphobia

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Panic Disorder facts

- Many think having heart attack or stroke
- Some last up to 10 minutes, or longer
- ½ million Floridians sometime in their lives
- Untreated PD can become disabling
- 30% abuse alcohol, 17% other substances
- Proper TX helps 70-90%
- Early TX prevents agoraphobia [fear of repeat]
- **1/3 with PD develop agoraphobia** - homebound

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Phobias – another Anxiety

- Specific intense irrational fears
- Fear of flying, heights, water, dogs, spiders
- Social phobias – Fear of being humiliated or embarrassed in a social situation
- Fear of public speaking, parties, dancing
- Inherited
- Linked to substance abuse [self-medicating]
- Not shyness – can affect career & relationships
[drunk at office party or wedding]

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Post Traumatic Stress Disorder PTSD - another Anxiety

- Persistent frightening thoughts associated with a terrifying event
- Resulting nightmares, sleep problems, feelings of detachment, anxiety symptoms, depression
- Linked to substance abuse [self-medicate]
- Mild to severe symptoms
- Easily irritated / violent outbursts [*divorces/job loss*]
- Some have difficulty working & socializing
- Worse when person triggers [rape] v. flood/fire

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PTSD in Children & Teens

- AACAP Fact sheet #70
- Traumatic event where someone's life has been threatened [or severe injury] or some catastrophic event [violence, car crash, fire, DX]
- Risk: how serious?, relationship?, repeated?
- At first: agitated, confused, intense fear, helplessness, anger, sadness, horror, or denial
- Dissociation: Numbing to cope or block the pain
- Avoid places/ withdrawn, depressed, detached

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PTSD in Children & Teens

- AACAP Fact Sheet #70, cont.
- Frequent memories, upsetting dreams
- Acting or feeling like it is happening again
- Repeated physical/emotional symptoms when reminded of the event/ extreme emotions
- Worry about dying at an early age/ lose interest in activities/ sleeping problems/ angry outbursts or irritable/ problems concentrating
- Symptoms last several months to many years
- Cognitive therapy & RX reduce fears & worries

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Obsessive Compulsive Disorder OCD – another Anxiety Disorder

- 2% of population – 1/3 start in childhood
- Obsessions – persistent ideas, impulses, or fears which are intrusive, unpleasant & cause high anxiety [often of violent or sexual nature]
- Compulsions – repetitive rituals that relieve anxiety temporarily
- As stress increases, so do OCD symptoms
- Knows ridiculous, but cannot stop the rituals

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OCD facts – another Anxiety

- Often time-consuming rituals affect lives
- May hide OCD while at work, but appears in personal life & at home [stomach & 50]
- Checking, counting, hoarding, cleaning, saving, buying, collecting – in excess
- Shame and stigma delay treatment –hide/ closet symptoms [isolate/ loner]
- TX with RX & cognitive behavioral therapy
- [Media – Aviator – story of Howard Hughes]

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OCD in Children & Adolescents

- AACAP Fact sheet #60
- 1 in 200 children & teens
- Causes severe discomfort & interferes with life
- Compulsions: visible rituals [hand washing, hoarding, orderliness, repeatedly checking] or mental acts [counting, silently repeating words, avoiding doing something]
- Obsession about “germs” may have ritual washing & counting, even when illogical
- RX & cognitive behavioral therapy

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Mental Illnesses linked to Substance Abuse

- Review of MI symptoms shows patient distress
- Unlike the flu – MI lasts for months, not days
- Medical community not helping DX the MI
- Eventual relief or distraction by SA vs suicide
- Drinking & drugging runs in families with MI
- ½ MI eventually turn to SA [self-medicate]
- ½ with SA have an underlying MI problem

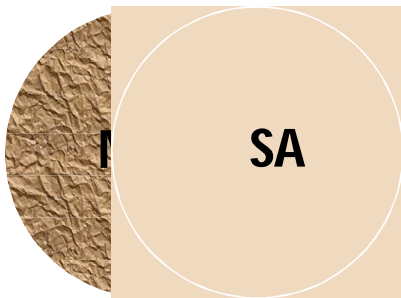
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Adding linked information

- Substance abuse info is already in schools
- Need to add mental illness connection [self-medication – abstinence problems with MI]
- DUI and other traffic courses must add mental illness information to substance abuse info
- Drug court staff, probation officers, & legal community dealing with substance charges need training in mental illness connection
- MI symptoms not present at arrest/trial may still link to crime, SA, & recidivism

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50 – 50 Overlap of MI & SA
Professionals must look for both



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Serving the same people - One voice Huge # of voters

- Uniting with mental health and substance abuse [use disorder] treatment & prevention workers
- **Suicide prevention workers**
- Criminal Justice, Juvenile Justice, the Courts
- Schools and colleges - education community
- Foster care, child protection, child support enforcement, faith communities, children's rights organization, schools, health departments, etc.
- **Not just \$\$\$** - but determine how **to spend \$\$\$** most effectively =

Prevention \$\$\$ go further than treatment \$\$\$

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Education – the answer

- Student education will allow early DX and decrease SA as a means of self-treatment
- Promote understanding, forgiveness, & tolerance [by students, teachers, parents, society]
- **Prevent negative behaviors, school expulsions & dropouts**, crime, loss of employment, divorces, teen pregnancy, HIV/AIDS, poverty
- Promote proper DX/TX & partner in medical care
- **End denial, discrimination, shame, and injustices**

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For more information

- www.NAMI.org [National Alliance on Mental Illness – local, state, and national info]
- www.mentalhealth.samhsa.gov [free govt. info]
- www.aacap.org [“Facts for families” = children]
- www.healthyminds.org [College focus by APA]
- www.psych.org [“public information” APA]
- www.AngelaVickers.net [more websites in **BRAIN BONDAGE** book, sold online]

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